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DEMOGRAPHIC AND HEALTH SURVEYS
ACCIDENT AND INJURY MODULE
MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION (1)

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | | |

HOUSEHOLD NUMBER . . . . . | | | | |

HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO) . . . . . |_|

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY |_|_|
				MONTH |_|_|
				YEAR |_|_|_|_|
INTERVIEWER'S NAME				INT. NO. |_|_|_|_|
RESULT*				RESULT* |_|
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS |_|
TIME				

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD \|_\|_\|

TOTAL ELIGIBLE WOMEN \|_\|_\|

TOTAL ELIGIBLE MEN \|_\|_\|

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE \|_\|_\|

LANGUAGE OF QUESTIONNAIRE** 0 1 | LANGUAGE OF INTERVIEW** \|_\|_\| | NATIVE LANGUAGE OF RESPONDENT** \|_\|_\| | TRANSLATOR USED (YES = 1, NO = 2) \|_\|

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH
02 LANGUAGE 2
03 LANGUAGE 3
04 LANGUAGE 4
05 LANGUAGE 5
06 LANGUAGE 6

SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME	NUMBER	NAME	NUMBER	NUMBER	NUMBER
_____	|_|_|_|_|	_____	|_|_|_|_|	|_|_|	|_|_|

(1) This section should be adapted for country-specific survey design.

ACCIDENTS AND INJURIES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A01	Now I would like to ask you about road traffic accidents that anyone in your household may have been involved in. During the past 12 months, was anyone in your household killed in a road traffic accident, or injured in a road traffic accident with injuries severe enough that for at least one day they could not carry out their normal daily activities?	YES . . . . . 1 NO 2	→ A17
A02	What is the name of the first/next person killed or injured in a road traffic accident? ENTER THE NAME OF EACH PERSON KILLED OR INJURED IN A03, STARTING WITH THE NAME THE RESPONDENT MENTIONS FIRST.		
A03	ENTER THE NAME OF THE PERSON KILLED OR INJURED:	NAME _____	
A04	Was (NAME) in a car, truck, bus, motorcycle, bicycle, another kind of vehicle, or was (NAME) a pedestrian? IF A PERSON HAD MORE THAN ONE ROAD TRAFFIC ACCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT ACCIDENT ONLY.	CAR . . . . . 01 TRUCK . . . . . 02 BUS . . . . . 03 MOTORCYCLE . . . . . 04 BICYCLE . . . . . 05 PEDESTRIAN . . . . . 06 OTHER VEHICLE _____ 96 (SPECIFY) DON'T KNOW 98	
A05	Is (NAME) still alive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ A10 → A10
A06	Was (NAME) male or female?	MALE . . . . . 1 FEMALE 2	
A07	What was (NAME)'s age when (NAME) died? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS . . . . . [ ][ ] DON'T KNOW 98	
A08	Was (NAME)'s death related to the road traffic accident?	YES . . . . . 1 NO 2	→ A16
A09	What kind of injuries did (NAME) have as a result of the accident? RECORD ALL MENTIONED.	CUT/OPEN WOUND . . . . . A BROKEN BONE . . . . . B BURN . . . . . C HEAD INJURY . . . . . D INTERNAL INJURY . . . . . E SUFFOCATION . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	→ A16

NO.	NAME OF PERSON KILLED OR INJURED.	NAME _____	
A10	RECORD HOUSEHOLD LINE NUMBER FROM COLUMN 1. CIRCLE '00' IF PERSON NOT LISTED IN HOUSEHOLD.	LINE NUMBER . . . . . ☐☐ NOT IN HOUSEHOLD 00	→ A13
A11	Is (NAME) male or female?	MALE . . . . . 1 FEMALE 2	
A12	How old is (NAME)? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS . . . . . ☐☐ DON'T KNOW 98	
A13	What kind of injuries did (NAME) have as a result of the accident? RECORD ALL MENTIONED.	CUT/OPEN WOUND . . . . . A BROKEN BONE . . . . . B BURN . . . . . C HEAD INJURY . . . . . D INTERNAL INJURY . . . . . E SUFFOCATION . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
A14	Does (NAME) continue to have any health problems as a result of the road traffic accident?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ A16
A15	In what ways does (NAME) continue to have health problems as a result of the road traffic accident? RECORD ALL MENTIONED.	PARALYZED . . . . . A BRAIN DAMAGE . . . . . B DISFIGUREMENT . . . . . C LOSS OF LIMB . . . . . D LOSS OF LIMB FUNCTION . . . . . E LOSS OF EYESIGHT . . . . . F LOSS OF HEARING . . . . . G CHRONIC PAIN . . . . . H EMOTIONAL TRAUMA . . . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
A16	Was any other member of this household killed or injured in a road traffic accident in the past 12 months?	YES ☐ → (RETURN TO A02 FOR NEXT HOUSEHOLD MEMBER) NO ☐	→ A17

A17	In the last 12 months, was anyone in your household killed or injured in an incident other than a road traffic accident? By injured, I mean that their injuries were severe enough that for at least one day they could not carry out their normal daily activities.	YES . . . . . 1 NO 2	→ END
A18	What is the name of the first/next person killed or injured? ENTER THE NAME OF EACH PERSON KILLED OR INJURED IN A19, STARTING WITH THE NAME THE RESPONDENT MENTIONS FIRST.		
A19	ENTER THE NAME OF THE PERSON KILLED OR INJURED:	NAME _____	
A20	In what type of incident was (NAME) killed or injured? IF A PERSON HAD MORE THAN ONE INCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT INCIDENT ONLY.	FIRE/BURNING . . . . . 01 ANIMAL BITE . . . . . 02 FALL . . . . . 03 DROWNING/NEAR DROWNING . . . . . 04 POISONING . . . . . 05 ELECTRICAL INJURY . . . . . 06 STRUCK BY PERSON/OBJECT . . . . . 07 CUT OR STABBED . . . . . 08 GUNSHOT . . . . . 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
A21	How did the death or injury happen?	ACCIDENTAL . . . . . 1 NATURAL DISASTER . . . . . 2 VIOLENCE/ASSAULT . . . . . 3 SELF-HARM . . . . . 4 DON'T KNOW 8	
A22	Is (NAME) still alive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ A27 → A27
A23	Was (NAME) male or female?	MALE . . . . . 1 FEMALE 2	
A24	What was (NAME)'s age when (NAME) died? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS . . . . . [ ][ ] DON'T KNOW 98	
A25	Was (NAME)'s death related to this incident?	YES . . . . . 1 NO 2	→ A33
A26	What kind of injuries did (NAME) have as a result of the incident? RECORD ALL MENTIONED.	CUT/BITE/OPEN WOUND . . . . . A BROKEN BONE . . . . . B BURN . . . . . C POISONING . . . . . D HEAD INJURY . . . . . E INTERNAL INJURY . . . . . F SUFFOCATION . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	→ A33

NO.	NAME OF PERSON KILLED OR INJURED:	NAME _____	
A27	RECORD HOUSEHOLD LINE NUMBER FROM COLUMN 1. CIRCLE '00' IF PERSON NOT LISTED IN HOUSEHOLD.	LINE NUMBER . . . . . ☐☐ NOT IN HOUSEHOLD 00	→ A30
A28	Is (NAME) male or female?	MALE . . . . . 1 FEMALE 2	
A29	How old is (NAME)? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS . . . . . ☐☐ DON'T KNOW 98	
A30	What kind of injuries did (NAME) have as a result of the incident? RECORD ALL MENTIONED.	CUT/BITE/OPEN WOUND . . . . . A BROKEN BONE . . . . . B BURN . . . . . C POISONING . . . . . D HEAD INJURY . . . . . E INTERNAL INJURY . . . . . F SUFFOCATION . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
A31	Does (NAME) continue to have any health problems as a result of the incident?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ A33
A32	In what ways does (NAME) continue to have health problems as a result of the injury? RECORD ALL MENTIONED.	PARALYZED . . . . . A BRAIN DAMAGE . . . . . B DISFIGUREMENT . . . . . C LOSS OF LIMB . . . . . D LOSS OF LIMB FUNCTION . . . . . E LOSS OF EYESIGHT . . . . . F LOSS OF HEARING . . . . . G CHRONIC PAIN . . . . . H EMOTIONAL TRAUMA . . . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
A33	Was any other member of this household killed or injured in an incident other than a road traffic accident in the past 12 months?	YES ☐ → (RETURN TO A18 FOR NEXT HOUSEHOLD MEMBER) NO ☐ → END	